

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09689992  
~~11-307-2~~

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     |               |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 16 minus 20 = | 10                       |
| INDEPENDENT CLAIMS               | 7 minus 3 =   | 4                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

|           |           |              |        |
|-----------|-----------|--------------|--------|
| RATE      | Fee       | RATE         | Fee    |
| BASIC FEE | 355.00    | OR BASIC FEE | 710.00 |
| X\$ 9=    | <i>10</i> | OR X\$18=    |        |
| X40=      | 160       | OR X80=      |        |
| +135=     |           | OR +270=     |        |
| TOTAL     | 515-      | OR TOTAL     |        |

CLAIMS AS AMENDED - PART II

11-3-04

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|---|--------------------------|---|
|  |   |   | Minus                    | = |
| Total  | 23  | 20  |                          |   |
| Independent                                    | 3   | 7   |                          |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |   |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           | 54                     |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE | 54                     |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|---|--------------------------|---|
|  |   |   | Minus                    | = |
| Total  |   | **  |                          |   |
| Independent                                    |   | ***   |                          |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |   |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|---|--------------------------|---|
|  |   |   | Minus                    | = |
| Total  |   | **  |                          |   |
| Independent                                    |   | ***   |                          |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   | <input type="checkbox"/> |   |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=           |                        |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.